

# **Medicaid Mental Health and Mental Health Services Plan** **Individuals 18 years of age and older** **Fee Schedule** **July 2004**

## **I. Practitioner Services**

Mental health practitioners include physicians, physician assistants, nurse practitioners, psychologists, social workers, and professional counselors. Practitioners bill using standard CPT-4 procedure codes and are reimbursed according to the Department's RBRVS system.

CPT Code	Procedure	Time	Psychologist	LCSW	LCPC
90801	Psychiatric diagnostic interview examination		\$79.72	\$79.72	\$79.72
90804*	Individual psychotherapy	20 - 30 min.	\$34.33	\$34.33	\$34.33
90806*	Individual psychotherapy	45 - 50 min.	\$51.63	\$51.63	\$51.63
90816*	Individual psychotherapy, inpatient, partial hospital, or residential	20 - 30 min.	\$34.63	\$34.63	\$34.63
90818*	Individual psychotherapy, inpatient, partial hospital, or residential	45 - 50 min.	\$52.06	\$52.06	\$52.06
90846*	Family psychotherapy without patient		\$50.11	\$50.11	\$50.11
90847*	Family psychotherapy with patient		\$61.13	\$61.13	\$61.13
90849	Multi family group psychotherapy		\$17.14	\$17.14	\$17.14
90853	Group psychotherapy (other than multi-family)		\$16.78	\$16.78	\$16.78
96100	Psychological testing including psycho-diagnostic assessment of personality, psychopathology, emotionality, intellectual abilities	Per hour	\$51.10	NA	\$31.68
96105	Assessment of Aphasia	Per hour	\$51.10	NA	NA
96115	Neurobehavioral status exam	Per hour	\$51.10	NA	NA
96117	Neuropsychological testing battery	Per hour	\$76.65	NA	NA

- Individuals may not receive more than a combined total of 16 sessions per year (July 1 through June 30).
- Fees for the above CPT codes are effective July 2, 2004.

## II. Acute Inpatient Services

Acute care hospital services will be reimbursed for Medicaid beneficiaries under the Montana Medicaid program's Diagnosis Related Group (DRG) reimbursement system. All admissions of Medicaid recipients require prior authorization.

Acute care inpatient treatment is not a benefit under the Mental Health Services Plan.

## III. Mental Health Center Services (in addition to practitioner services):

The following table summarizes services available through licensed mental health centers.

Service	Procedure		Modifier		Unit	Reimbursement	Co-pay	Limits	Management
	Old	New	1	2					
Respite Care – Adult	Z0650	S5150	HB		15 min	\$2.57	None	24 units/24 hours 48 units/mo	Retrospective
M.H. Group Home – Adult	Z0652	S5102			Day	\$94.98	None	None	Retrospective
M.H. Group Home Therapeutic Leave		S5102	U5		Day	\$94.98	None	14 days/year	Retrospective
Adult Foster Care	Z0653	S5140			Day	\$75.99	None	None	Retrospective
Adult Foster Care Therapeutic Leave		S5140	U5		Day	\$75.99	None	14 days/year	Retrospective
Day treatment – Adult Half day	Z0631	H2012	HB		Hour	\$11.79	None	3 hrs/day	Retrospective
Community-based psychiatric rehabilitation & support – individual	Z0634	H2019			15 min	\$6.17	None	None	Retrospective
Community-based psychiatric rehabilitation & support – group	Z0635	H2019	HQ		15 min	\$1.85	None	None	Retrospective
Crisis intervention facility	Z0636	S9485			Day	\$308.40	None	None	Concurrent review
Program of Assertive Community Treatment (PACT)	Z0668	H0040			Day	\$42.03	None	None	Retrospective review
Intensive Community Based Rehabilitation*		S5102	HG		Day	\$225.00		None	Prior Authorization

\*Not available on 7/1/2003

## IV. Case Management Services

Adult case management services available through the Medicaid program and through the MHSP must be provided by a licensed mental health center with case management endorsement.

Service	Procedure			Unit	Reimbursement	Co-pay	Limits	Management
		1	2					
Targeted Case Management – Adult	T1016	HB		15 min.	\$18.00	None	None	Retrospective

## V. Partial Hospitalization

Partial hospitalization services are available to Medicaid and MHSP beneficiaries according to the following schedule:

Service	Procedure		Modifier		Unit	Reimbursement	Co-pay	Limits	Management
	Old	New	1	2					
<b>Acute</b> Partial Hospitalization Full day	Z0912	H0035	U8		Full Day	\$151.12	None	28 days*	Prior auth. CON
<b>Acute</b> Partial Hospitalization Half day	Z0913	H0035	U7		Day	\$113.34	None	28 days*	Prior auth. CON

\* Maximum recommended to utilization review agency; may be extended if medically necessary.

## VI. Intensive Outpatient Services

Intensive outpatient services available through the Medicaid and Mental Health Services Plan must be provided by a licensed mental health practitioner when outpatient psychotherapy is medically necessary for more than 16 sessions per year.

Service	Procedure			Unit	Reimbursement	Co-pay	Limits	Management
		1	2					
Intensive Outpatient Services *	H0046	HB		45-50 min	\$51.61	None	None	Prior authorized

\* Not available on 7/1/2003

## VII Contracted Services

Certain services will not be paid through the Medicaid/MHSP claims processing system, but will be furnished through contracts between DPHHS and providers. These include:

### A. 24-Hour Crisis Response Services

The department will contract with community mental health centers to provide full regional coverage of 24-hour crisis telephone lines and appropriate response.

### B. Personal Care Facilities

The department may contract with personal care facilities currently serving MHSP members for the continued care of those members.